



BOROUGH OF FAVERSHAM

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR
1947

COLONEL W. H. CRICHTON,
C.I.E., I.M.S., (RET.), M.B., CH.B.,
(EDIN), D.P.H., (LOND).,
MEDICAL OFFICER OF HEALTH.

VOILE & ROBERSON, PRINTERS, FAVERSHAM-1515

1948.



BOROUGH OF FAVERSHAM

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR
1947

COLONEL W. H. CRICHTON,
C.I.E., I.M.S., (RET.), M.B., CH.B.,
(EDIN), D.P.H., (LOND).,
MEDICAL OFFICER OF HEALTH.

VOILE & ROBERSON, PRINTERS, FAVERSHAM-1515

1948.

CONTENTS

	PAGE
The Town Council of the Borough of Faversham	4
The Staff of the Public Health Department ...	5 & 6
 Section I.	
Statistics and Social Circumstances ...	7, 8 & 9
 Section II.	
Infections and Other Diseases ...	10, 11, 12, 13 & 14
 Section III.	
Health Service	15 & 16
 Section IV.	
Sanitary Circumstances of the Area ...	17
 Section V.	
Inspection of Food	18 & 19
 Section VI.	
Housing	20
Appendices	21 & 22

**THE TOWN COUNCIL
OF THE
BOROUGH OF FAYERSHAM**

THE MAYOR :

*Councillor Jasper Beale Neame

THE DEPUTY MAYOR :

*Alderman Phil Johnson, O.B.E.

ALDERMEN :

W. I. Gould

*J. H. Johnson

*J. W. Videan

COUNCILLORS :

E. A. W. Black

* H. Knowles

* E. J. Mumford Cooke

* The Rev. M. E. Lynch

* C. E. Ely

* F. Pearson

* A. W. Hulkes

* A. A. Salmon

* F. G. Johnson

* C. H. Young

T. Williams

* *Denotes members of Health Committee*

TOWN CLERK :

S. Wilson

PUBLIC HEALTH DEPARTMENT

MEDICAL OFFICER OF HEALTH

to the Borough and Port of Faversham

Dr. Wilfrid F. Adams, M.B., B.Ch. (Cantab.)
until 31st August, 1947

Col. W. H. Crichton, C.I.E., I.M.S. (Ret.)
M.B., Ch.B. (Edin.), D.P.H. (Lond.)
from 1st September, 1947

SANITARY INSPECTOR

to the Borough and Port of Faversham
(Eastern Section)

Mr. A. J. Hurn, C.R.San.I., M.S.I.A.

CLERK (PART-TIME):

Miss V. Wallis

BOROUGH OF FAVERSHAM

Municipal Offices,
Faversham.

August, 1948.

To the Mayor, Aldermen and Councillors.

MR. MAYOR AND GENTLEMEN,

I have the honour to present my Report for the year 1947 on the state of the Public Health of the Borough, as far as it is known in this office.

This qualification is necessary because of the fact that, under the existing organisation, the Medical Officer of Health does not deal with many important subjects which affect the health of the people. I refer to Tuberculosis, Venereal Disease, Industrial Disease, School Health, Maternity and Child Welfare and Vaccination against small pox. These are functions which are administered directly by the County Council on an area basis which embraces several districts. The Medical Officer of Health is therefore deprived of the first-hand knowledge which day-to-day administration of these subjects would bring with them.

As you are aware I took over from my predecessor, Dr. Wilfrid F. Adams, on 1st September and can therefore only report with personal knowledge of matters which occurred in the latter part of the year.

The report has been prepared in six main Sections and the report of the Sanitary Inspector has been incorporated in this Report, mainly in Sections iv., v. and vi. Details are shown in the Appendices. I am grateful to Mr. Hurn for his assistance and co-operation in its preparation.

I would direct your attention to the following important features in the Report, viz.:—

- (a) The very acute distress occasioned by the housing shortage and its possible repercussions on the state of the public health (page 20);
- (b) the growing incidence of food infections and the urgent need of education in its causation and prevention (page 11);
- (c) the large proportion of disease in cattle slaughtered for human consumption (page 21);
- (d) the inadequacy of the Sanitary Inspecting Staff (page 15).

I am,

Your obedient servant,

W. H. CRICHTON,

Medical Officer of Health.

SECTION I.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

1. CLIMATOLOGY

The winter of 1946-47 was an exceptionally severe one and was followed by a summer of unusual brilliance. The actual temperature and rainfall recordings are to be found in Appendix IV.

2. AREA

3,070 acres approximately. No change.

3. POPULATION

The estimated mid-year population for 1947 was 12,180. This figure shows an increase of 210 over the estimated population of the preceding year and of 910 over that of 1945, the year of the end of the war.

4. NUMBER OF INHABITED HOUSES

3,868—an increase of only 18 houses compared with the preceding year. Assuming that the estimated increase in the population (210) represents roughly forty families at five members per family, it would appear that twenty-two families have had to share lodgings with other people.

5. RATEABLE VALUE

£73,276. (£72,638 in 1946).

6. SUM REPRESENTED BY THE PENNY RATE

£289 11s. 5d. as against £275 0s. 0d. in 1946.

7. BIRTHS

	Males	Females	Totals
(a) <i>Live Births—Legitimate</i>	112 (121)	125 (123)	237 (244)
<i>Illegitimate</i>	9 (4)	8 (8)	17 (12)
	<hr/> 121 (125)	<hr/> 133 (131)	<hr/> 254 (256)

(b) The percentage of illegitimate births was 7.1 (4.8).

(c) The figures shown in brackets refer to the preceding year, as corrected by the Registrar General.

(d) *The Birth Rate.*—The birth rate per 1,000 of the estimated population is 20.8 as against 32.4 in the preceding year.

(e) *Still Births.*—The figures are as follows:—

	Males	Females	Totals
<i>Illegitimate</i> ...	1 (1)	- (1)	1 (2)
<i>Legitimate</i> ...	3 (3)	2 (3)	5 (6)
	<hr/> 4 (4)	<hr/> 2 (4)	<hr/> 6 (8)

The percentage of still births to live births was 2.3. In the preceding year the percentage was a little higher, i.e. 3.17.

8. DEATHS

- (a) The total number of deaths from all causes was 171 as compared with 160 in the preceding year.
- (b) *The Death Rate* per 1,000 of the estimated population represented by the number of deaths is 14.0 as compared with 13.37 in 1946. The death rate for England and Wales for 1947 was 12 per thousand.
- (c) *Causes of Death*
- (i) The statement of causes of death forwarded by the Registrar General differs widely from the records maintained in the office of the Medical Officer of Health which are based on Weekly Reports from the District Registrar. This is probably due to different methods of classification. Whatever the cause, this fact makes it impossible for an accurate table of deaths at different age groups to be prepared for inclusion in this report. A request has been made to the Registrar General for a system of periodic checks to be instituted during the year.
- (ii) According to the Registrar General's return, the causes of death are as follows:—

TABLE I.
CAUSES OF DEATH

Diseases and Other Causes	M	F
Whooping Cough	—	1
T.B. Respiratory System	2	1
Influenza	1	—
Ac. Poliomyelitis	1	—
Cancer, Uterus	—	2
„ Breast	—	8
„ Stomach and duodenum	2	1
„ all other sites	10	10
Diabetes	—	2
Intracranial Vascular Lesions (Apoplexy or Hæmorrhage into brain)	8	16
Heart Disease	20	29
Other Diseases of the Circulation	2	2
Bronchitis	6	3
Pneumonia	2	2
Other Respiratory Diseases	1	—
Digestive Diseases (unclassified)	6*	1
Nephritis (kidney disease)	8	4
Premature Birth	1	—
Congenital causes and birth injuries	4	2
Suicides	1	2
Other violent causes	1	2
All other causes	3	4
Totals ...	79	92

* Includes one death from food infection (*Salmonella Typhi murium*)

(iii) It should not be assumed that because **Heart Diseases** as usual appear to be the commonest cause of death, i.e. 49 or 28.7%, there is an unusual prevalence of heart disease in the district, but rather that heart disease has manifested itself as the ultimate or final cause of death in old age. This is borne out by the fact that the vast majority of the cases occurred in the over 65 age group and there are only two deaths in this category below 45 years of age. **Intracranial Vascular Lesions**, commonly known as Apoplexy or Hæmorrhage into the brain, may also be taken as manifestations of old age rather than results of specific disease. In this case again over 92% of the cases occurred in the over 65 age group. **Cancer** is undoubtedly the greatest "killer," responsible as a specific disease for the greatest number of deaths, i.e. 33 or 17.3% of the total number. The majority of cases of Cancer appear in the higher age groups, but there is a wider spread into the lower groups, and, in this case, the disease is not so much a direct result of old age as a manifestation associated with advancing years because of its characteristically slow and insidious progress.

(iv) It should be noted as a matter of satisfaction that no deaths have resulted from puerperal causes, i.e. the complications arising from confinements.

(d) *Infant Mortality*

(i) According to the Registrar General's figures there were seven deaths among infants under one year of age, 4 male, 3 females. These represent an **Infant Mortality Rate** of 27.1 per 1,000 live births. One child was illegitimate. These figures are an improvement on the preceding year when 11 deaths of infants were registered, representing an Infant Mortality Rate (corrected) of 42.9 per thousand.

9. INCREASE IN POPULATION

The excess of births over deaths during 1947 was 83 or 32.5% as against 96 or 37.5% in the preceding year.

SECTION II.

INFECTIOUS AND OTHER DISEASES : THEIR PREVALENCE AND CONTROL

1. NOTIFIABLE DISEASES

The number notified and their character is shown in the following table:—

TABLE II

Disease	No. of Cases	Admission to Hospital or Sanatorium	Deaths
Scarlet Fever ...	6 (3)*	5	—
Whooping Cough ...	92 (31)	—	1
Measles ...	11 (136)	—	—
Ac. Poliomyelitis ...	3 (—)	3	1
Ac. Pneumonia ...	7 (2)	4	5
Food Infections ...	12 (—)	—	1
Puerperal Pyrexia ...	2 (—)	2	—
Cerebro Spinal Fever ...	1 (—)	1	—
Paratyphoid Fever ...	1 (—)	—	—
Tuberculosis—			
Pulmonary ...	10 (8)	6	3
Non-Pulmonary ...	5 (2)	5	—
Totals ...	150	26	11

* Figures in brackets relate to the preceding year.

2. WHOOPING COUGH

Whooping Cough this year heads the list of infectious diseases and has been responsible not only for the very great distress associated with the disease but also for one of the deaths. The efficacy of the use of specific vaccines as a preventive measure is still under trial but there is a growing volume of evidence in favour of its value at least in the mitigation of the disease. Experiments are in progress in selected areas of the County and it is hoped that the results will justify the adoption of the vaccine on a wide scale, in conjunction with Diphtheria Immunisation.

3. MEASLES

Measles, so often regarded as a trivial complaint, is responsible for a great deal of ill-health and dislocation in school life. The preventive and mitigating value of Convalescent Serum has now been fully established and, as this is made available by the County Laboratory, it is hoped that its use will become more popular in future with appreciable effect on the incidence and severity of the disease.

4. ACUTE POLIOMYELITIS

As the incidence in England and Wales during the epidemic last year was of the order of 18 per 10,000 population, an attack rate of three in the District cannot be regarded as high. All these cases had symptoms of paralysis, all were young people and one unhappily succumbed. During the outbreak steps were taken to discourage the congregation of people.

5. FOOD INFECTIONS

(i) Of the twelve cases tabulated, one was a *Sonné Dysentery*, and five were proved to be infected with *Salmonella typhi murium*, an organism commonly found in food infections. It is of interest that in a study of 121 food poisoning outbreaks carried out by Sir William Savage in which this type of organism was isolated, 21 were due to minced meat foods, 16 to meat pies, and 12 to milk or milk products. Canned foods accounted for 8 only.

(ii) No common or definite cause could be assigned to the outbreak in Faversham. The severity of the cases varied, one being fatal, and there were undoubtedly many more cases in the District than were actually notified in the late summer and autumn.

(iii) It is doubtful if the public at large have yet fully realised the risks involved in routine processes connected with the preparation and storage of food or in the cleansing of utensils. With the growing practice of canteen, restaurant, snack bar and cafe meals these risks are inevitably increased and demand greater attention to the procedures in vogue. Dirty hands, dirty dish cloths, dirty washing water, inadequately hot water for cleansing purposes and bad storage permitting contamination of food are the commonest causes of "food poisoning" rather than bad or deteriorated food stuffs.

(iv) A special article was prepared on this subject and published in the local Press and the Council approved a recommendation for a special Lecture and Demonstration on Food Infection sponsored by the Central Council for Health Education.

(v) Other steps taken were personal inspections of dairies and milk producing plants, and warnings to the public through the Press of the dangers involved in the indiscriminate collection of shellfish from the Swale and of the restrictions imposed by the Faversham Port Health Authority.

9. DIPHTHERIA

(i) Although happily no case of diphtheria was notified during the year, an inquiry carried out in December into the immunisation state among school children revealed the fact that a very appreciable number were unprotected altogether (12%) and that a still larger proportion amounting to 72% had not had "booster" doses of immunisation on the attainment of school age. The total number involved was 578 school children. It was evident that the prevailing system of immunisation whereby immunisations

were carried out in infancy by Medical Practitioners would have to be supplemented by facilities for immunisation provided by the Borough Council as the authority responsible for the immunisation of children of school age and arrangements were accordingly made to carry these out.

(ii) The number of immunisations carried out during the year by Medical Practitioners was as follows:—

Primary			“ Booster ” doses
Under 5 years of age	Over 5 years of age	Total	
154	17	171	44

It will be seen from these figures that although parents in the main respond to the exhortations sent out from the Office of the Medical Officer of Health to have their children immunised in infancy, they are apt to neglect the “ booster ” injections required at an age when the effects of primary immunisation are at low ebb and the risks of infection are greatly increased by contact with other children.

10. VACCINATION AGAINST SMALLPOX

This is a County responsibility carried out by a Public Vaccinator. No means exist for the intimation to the Medical Officer of Health of the number and results of the vaccinations carried out and this office is therefore completely in the dark as to the state of protection of the community against small pox. There is however reason to believe that the proportion of people protected by vaccination is low. In a County surrounded by important sea ports and air ports, however good the vigilance exercised at the Ports may be, a poorly vaccinated population is a population running very considerable risks, as was shown by the outbreak in Yorkshire during the year when fifteen people died of small pox. It is hoped that with the coming of the National Health Service Act the value of vaccination against small pox will be made more generally known and that the proposed increased facilities for vaccination will result in a far higher percentage of protected people than appear to exist at present.

11. TUBERCULOSIS

(i) The office of the Medical Officer of Health acts merely as a registering authority for this important disease as its management and control devolves on the County administration. It is an unfortunate circumstance that closer liaison is not established between the County Tuberculosis organisation and the District Health administration, a combination which would be to the benefit of the tubercular patient and of his “ contacts ”.

(ii) The figures for Tuberculosis during the year under review are as follows:—

TABLE VII.

	Pulmonary		Non-Pulmonary		Totals
	M	F	M	F	
On Tuberculosis Register					
1st January 1947 ...	21	21	8	9	59
Transferred to Borough	—	2	1	—	3
Notified in Borough ...	8	2	4	1	15
	29	25	13	10	77
Deaths ...	2	1	—	—	3
Recovered ...	1	3	4	1	9
Removed from Borough	1	2	—	—	3
	4	6	4	1	15
Balance remaining on Register on 31/12/47	25	19	9	9	62

Compared with the figures for the preceding year this statement shows a 33.3% increase in the number of primary notifications in the Borough but a 13.5% rate of recovery as against 6.75%. This may not be statistically significant but it is at least a welcome sign. The balance remaining on the Register at the end of the year as will be seen, varies only very slightly from the balance at the beginning of the year.

(iii) A Tuberculosis After-Care Committee is in being and, although the office of the Medical Officer of Health is not in official contact with the Committee, endeavours are being made to establish some liaison with this beneficent body in order to make available such assistance and service as the District Health Office may be able to offer.

(iv) There is reason to believe that long waiting lists exist for the admission of cases of Tuberculosis to Sanatoria owing to the present shortage of beds and of nursing staff. The effect of this delay in the removal of infectious Tubercular cases from the crowded and often unhygienic domestic environment in which some of them are forced to live is serious. Although the infectivity of Tuberculosis is not immediately apparent to the average layman, it is, nevertheless, an infectious disease and the conditions prevailing to-day are unfortunately conducive to its spread.

12. VENEREAL DISEASE

(i) The Office of the Medical Officer of Health is not directly concerned with the incidence and prevention of venereal diseases. This is a function of the County Council. By courtesy of the County Medical Officer it is possible to reproduce a statement showing the number of cases attending for treatment at the Venereal Disease

Clinics maintained by the County at Canterbury and Rochester in this District. These are as follows :—

	Male	Female	Totals
Syphilis	2	4	6
Gonorrhoea	5	3	8
Non Venereal	15	13	28
	<u>22</u>	<u>20</u>	<u>42</u>

The total number of patients from Faversham attending during 1947 was 66. The number of attendances of Faversham patients was 239.

(ii) These figures cannot, of course, be accepted as complete. Venereal Disease is not notifiable and there must be other cases who prefer to be treated by their own Medical Practitioner. These figures, however, can serve as an indication of the extent of the incidence of the diseases in the District and their character. Owing to the fact that the records maintained at the Venereal Clinics do not relate to particular Districts, the extraction of these figures has been a matter of some considerable difficulty. No information is available for the same reason as to whether the incidence of these diseases is increasing or on the decline and whether the sources of infection are traced and if so what action is taken to offer medical care. It seems to me that in this particular sphere the offices of the District Health Authority would be of great assistance to the County organisation. It is hoped that closer liaison will in future be established.

13. INDUSTRIAL DISEASES

These are under the administration of the Home Office and no records are available in the office of the Medical Officer of Health of the incidence, if any, of disease which may be attributable to industrial conditions. Another instance of the lack of liaison and co-ordination between different authorities.

SECTION III.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

1. PUBLIC HEALTH STAFF

The Public Health staff consists of the Medical Officer of Health, one Sanitary Inspector and a part-time clerk. The major part of the Sanitary Inspector's time is taken up with Meat Inspections and with rendering such assistance as is possible under present conditions for the redress of complaints about housing defects. The inspection of premises concerned with the preparation and sale of food and drink deserves a great deal more attention than it is possible to give them under present arrangements and when, as it is hoped, restrictions on building and house repairs are relaxed, the up-to-date survey of present day housing conditions under the Housing Acts will necessitate the procuring of assistance. The Sanitary Inspector of the Borough is also in charge of the Eastern half of the Port Health area.

2. HOSPITAL FACILITIES

- (a) Cases of infectious disease are admitted to the Keycol Hospital administered by a Joint Hospital Board for the three Districts. The Keycol Hospital, owing to shortage of staff and accommodation, cannot under the present agreement admit cases of measles, whooping cough and mumps.

Under normal conditions the admission of these cases is not ordinarily necessary, but circumstances have arisen and will arise where, owing to the supervention of complications demanding hospital treatment or to the unsuitable nature of the domestic environment, it is essential that hospital accommodation should be ensured for any case of infectious disease. It is understood that to meet such contingencies the Joint Hospital Board have proposed the adaptation of an existing building to a cellular or partition ward, but that the necessary authority to carry out this project has been refused. It is to be hoped that better counsels will prevail as no provision at present exists to meet these emergencies.

- (b) The Faversham Cottage Hospital and two private Nursing Homes are available for the admission of cases, the latter being licensed for the reception of maternity cases. The office of the Medical Officer of Health is in no way concerned with these establishments.

3. AMBULANCE SERVICES

These are not under the administration of the Medical Officer of Health. It is understood that two St. John Ambulance cars are available in addition to the ambulance car provided by Keycol Hospital.

4. LABORATORY SERVICES

These are provided free by the Kent County Council.

5. MATERNITY AND CHILD WELFARE SERVICES

These are administered by the Kent County Council. The office of the Medical Officer of Health is not in liaison with these services and is, therefore, unaware of their activities and of their findings which may suggest preventive measures to the benefit of the community.

6. SCHOOL HEALTH SERVICES

- (a) Again, these are administered by the Kent County Council and in this case, at the request of this office, the County Medical Officer has been good enough to place at my disposal figures which are undoubtedly of great local interest. These statistics are regrettably not compiled on a District basis and some difficulty was, therefore, experienced by the County Health Authorities to extract the data relating to this area.

It is hoped that, as a means of enlisting the fullest co-operation of District Health Authorities, it will be possible to arrange that statistics are in future compiled by Districts so that all possible information is passed on to the District Medical Officer.

- (b) The relevant figures are as follows :—

(i) Number of Periodic Medical Inspections	...	624
(ii) " " Pupils found to require treatment		92
(iii) " " " " " " " observation		101
(iv) Percentage of pupils requiring treatment	...	14.7%
(v) " " " " " observation		16%
(vi) Commonest defects—Eyes	...	44%
Nose and Throat	...	43%
Orthopædic	...	20%
Lungs	...	18%
Cervical glands	...	14.7%

- (vii) Dental defects—

Total inspected (periodic and special)	1443
Number found requiring treatment	512
Percentage	35.4%
Number treated	327

- (viii) Classification of the general condition of pupils inspected—

Class of Pupil	A Good	B Fair	C Poor
Entrants	15.9	58.2	25.9
Second age group	20.3	68.7	11.0
Third age group	27.0	62.8	10.2
Other periodic inspections	24.0	57.0	19.0
Percentage of Total	21.1	62.7	16.2

SECTION IV

SANITARY CIRCUMSTANCES OF THE AREA

1. WATER SUPPLY

- (a) The Borough generally is supplied with an adequate and satisfactory supply of water by the Faversham Water Co. A few cottages (29) on the Eastern boundary at Tin Bridge have to depend on an uncertain supply from a well which has to be supplemented by carted water. A main supply to serve this area is under consideration. Details of the water supply to houses in the Borough are shown in Appendix V.
- (b) Seven samples of water were submitted for bacteriological examination. All were satisfactory.

2. DRAINAGE, SEWAGE AND SEWAGE DISPOSAL

- (a) No important alterations or developments were carried out during 1947.
- (b) The Sewage Works were inspected and found to be most satisfactorily and efficiently managed although the plant is antiquated.

3. SMOKE ABATEMENT

Complaints were received from inhabitants of the Gravel Pit Cottages of smoke nuisance from neighbouring Brick Works. Although it was impossible to establish the existence of a nuisance within the meaning of the law, there would appear to be some justification of inconvenience at infrequent intervals. The Company concerned have the difficult matter of providing some form of remedy under consideration.

4. HOP-PICKERS' CAMPS

There are only two in the District and these are equipped with timber and iron huts for accommodation of the pickers. Approximately 600 persons are employed every season in hop picking. The water supply to the camps is by standpipes from the main supply. Facilities for bathing and for the washing up of utensils are not provided. The type of latrine provided is a crude trench type latrine which is not fly proof. The standard of camp sanitation generally is poor and the huts are apt to get overcrowded. The saving grace is that they are only occupied for a short time. Nevertheless there is considerable scope for improvement in the particular items mentioned and also in the cooking facilities provided.

SECTION V.

INSPECTION AND SUPERVISION OF FOOD

1. MILK SUPPLIES

- (a) There are three producers of Tuberculin Tested milk in the Borough and one of ungraded milk. The number of retailers is six, of whom five are licensed to sell Tuberculin Tested milk and one to sell Pasteurised milk. Milk is pasteurised locally by the "Holder" process.
- (b) Complaints are frequently heard of the poor quality of the bulk milk supplied. Thirty-four samples taken by the County Council under the Food and Drugs Act revealed only three which did not conform to the statutory qualitative standards; i.e., 5.8% These three unsatisfactory samples were followed up by others which were proved "genuine." I am indebted to the Inspector of Weights and Measures for these data.
- (c) Samples of milk taken by the Sanitary Inspector—10 of Tuberculin Tested and 1 of pasteurised milk — were all satisfactory. It is hoped to increase the number of samples taken in future.
- (d) *School Milk*—All milk supplied to schools is pasteurised.

2. MEAT

- (a) Inspections of meat at the Slaughter House during the year revealed a very much higher proportion of disease than was found in the preceding year. No less than 58.8% of the carcasses of cattle inspected were found to be affected by some disease, of which 20% was Tuberculosis. In the preceding year 20.6% of the carcasses were found to be affected with disease and of this only 8.1% was due to Tuberculosis. Detailed particulars will be found in Appendix I. This disquieting increase of disease in the animals slaughtered for human consumption emphasises the importance of unremitting care in meat inspection which takes up so much of the solitary Sanitary Inspector's time. The total amount of diseased meat condemned by the Sanitary Inspector during the year amounted to over 7 tons.
- (b) *The Slaughter House* used is of extremely antiquated design and these important meat inspections have to be carried out under most unsatisfactory conditions. Improvement in this direction is very urgently needed.
- (c) Premises used for the preparation of meat products, e.g., sausage meat, were inspected and although conditions were on the whole satisfactory there is undoubtedly scope for improvement in several respects.

3. OTHER FOODSTUFFS

The inspection of other kinds of foodstuffs necessitated the condemnation of large quantities of flour and oatmeal (6,242 lbs.), tinned food (5,879 tins), fish (602 lbs.), biscuits, dried fruit and other cereals, in all amounting to 13,872 lbs. The gross total of all foods condemned, including meat, amounted to 18 tons, 13 cwt. 3 qrs. 25 lbs., as compared with 17 tons 7 cwt. 2 qrs. 20 lbs. in the preceding year.

4. SHELL FISH

Enquiries into the sources of shell fish exposed for sale in the Borough revealed that it was obtained from areas outside the Faversham Port Health Authority, e.g., shrimps and cockles from Reculver and Whitstable, winkles from Chatham. It was, however, considered advisable to publish a warning to the public in the Press about the risks involved in the indiscriminate collection of shell fish and the restrictions imposed by the Faversham Port Health Authority in this respect.

5. ICE CREAM

- (a) The sale of ice cream has been the subject of frequent and indignant complaints from the public regarding the quality of ice cream offered for sale.
- (b) Standards of quality are still under consideration. Meanwhile samples taken for examination by the Methylene Blue Reduction Test gave results which are disturbing. Unfortunately only three samples were taken. Of these two were placed in Grade III and one in Grade I. It must be borne in mind that this test is only intended to serve as a rough guide of cleanliness in production as revealed by the bacteriological content. It bears no relation to the quality of the product.
- (c) Another difficulty in the control of ice cream sales is the fact that the majority of vendors are itinerant vendors who manufacture their products outside the Borough. This fact in itself is a source of bitter complaint from the public and local dealers but, as this is a problem linked up with rations allocations, it is beyond the scope of the Department. There would appear to be no hope of improvement until supplies become more plentiful.

6. A wide range of other foodstuffs were sampled by the County Sampling Officers under the Food and Drugs Act. These include butter, cheese, cocoa, jam, flavouring agents, gin, whisky, vinegar, salt, etc. Of 49 such samples taken two (whisky and gin) were found to be adulterated and two more (damson jam and lobster paste) were "inferior." I am again indebted to the Chief Inspector of Weights and Measures for this information.

SECTION VI.

HOUSING

1. This is perhaps the most urgent and the most distressing problem of to-day. The conditions prevailing in the Borough are common to every District and need no elaboration. Nevertheless the problem is an acute one and from the public health point of view it has incalculable repercussions which will be felt for generations to come. There is no up-to-date survey at present available, and it would be impossible to undertake such a task with the present staff. Without a comprehensive survey, however, it is notorious that there is a distressing number of families who are living under conditions of overcrowding which would not have been tolerated in happier times. It is useless to declare houses as unfit for human habitation until we have new houses to put people into, and until these become available we are condemned to a complete sense of frustration, listening every day to piteous appeals for assistance which cannot be granted.

2. It is not only the numerous applicants for new houses who are distressed, but applicants for essential repairs which, through shortage of labour or materials, are seriously delayed or cannot be carried out at all because of the prohibitive costs involved. These delays, apart from the discomfort and its attendant evils suffered by the occupants, can only cause further deterioration and the creation of still further difficulties in future.

3. It is beyond the scope of the Public Health Department to suggest the means by which this depressing picture could be brightened; it is on the other hand my duty to reiterate that unless steps can be taken by the Authorities concerned to make more houses available and to make repairs to existing houses, wherever these are practicable, easier of achievement, the result on the physical, mental and moral structure of a large section of the people will be disastrous.

4. Details of the Notices served during the year under review and of the character of the housing defects dealt with by the Department are to be found in Appendices II and III. These necessitated 370 house inspections, and the number of houses found defective in some essential particular was 177.

5. The number of new houses erected during the year was 24, of which 18 were built by the Local Authority and six by private enterprise. *The number of applicants for new houses was 717.*

APPENDIX I **PARTICULARS OF CARCASSES AND ORGANS** **INSPECTED AND CONDEMNED**

	Cattle (ex Cows)	Cows	Calves	Sheep and Lambs	Pigs	Total
* Diseases other than Tuberculosis						
No. Killed	555	165	241	2,312	122	3,395
Whole carcasses condemned ...	—	4	—	24	—	28
Some part or organ condemned	170	109	3	103	7	392
Percentage affected with disease other than Tuberculosis ...	30.6	68.5	1.2	5.5	5.7	
Tuberculosis only						
Whole carcasses condemned ...	2	4	—	—	—	6
Some part or organ condemned	84	60	—	—	—	144
Percentage affected with Tuberculosis ...	15.5	38.7	—	—	—	

* Diseases other than Tuberculosis includes emaciation, dropsy, fevered flesh, Johne's disease, injury and various affections, parasitic or otherwise, of internal organs and parts.

APPENDIX II **NUISANCES AND HOUSING DEFECTS DEALT WITH**

Choked and defective drains ...	...	...	42
Defective and insufficient closets	...	...	25
Flushing cisterns provided	...	...	5
Insanitary sinks and wastepipes	...	...	3
Flushing cisterns out of order	...	...	9
Overflowing cesspools	...	...	1
Defective roofs and gutters	...	...	35
Defective and damp walls	...	...	28
Defective floors and stairs	...	...	15
Defective chimneys	...	...	8
Defective windows and doors	...	...	17
Defective ceilings	...	...	18
Absence of sanitary dustbin	...	...	17
Defective Paving	...	...	1
Defective cooking stoves	...	...	15
Refuse accumulations	...	...	1
Various	...	...	8
Total	...	...	<u>248</u>

APPENDIX III.

NOTICES SERVED

NOTICES SERVED UNDER HOUSING ACTS

No. of Informal Notices	...	...	...	112
No. of Statutory Notices	...	...	...	nil
No. of Informal Notices complied with	...	...	...	93
No. of Statutory Notices complied with	...	...	...	nil

APPENDIX IV.

RAINFALL AND TEMPERATURE

Month	Maximum°	Minimum°	Rainfall in ins.	Average Daily Rainfall
January	54° (55°)	2° (20°)	2.74 (1.58)	.0884 (.0509)
February	42° (55°)	8° (23°)	1.69 (2.25)	.0604 (.0804)
March	61° (59°)	17° (26°)	3.89 (1.93)	.1254 (.0622)
April	71° (72°)	28° (27°)	1.23 (2.01)	.0410 (.0670)
May	88° (71°)	31° (30°)	.74 (2.61)	.0239 (.0842)
June	94° (78°)	43° (42°)	2.19 (1.58)	.0730 (.0527)
July	91° (89°)	48° (46°)	1.47 (1.28)	.0474 (.0413)
August	83° (87°)	48° (45°)	.11 (4.19)	.0035 (.1352)
September	82° (76°)	36° (44°)	.94 (2.09)	.0313 (.0697)
October	74° (71°)	27° (27°)	.34 (1.34)	.0110 (.0432)
November	64° (59°)	20° (33°)	1.21 (4.02)	.0403 (.1340)
December	60° (49°)	27° (21°)	2.29 (2.49)	.0739 (.0803)
Total			18.84 (27.37)	

APPENDIX V.

WATER SUPPLIES

No. of houses supplied directly with water by a piped supply	...	...	...	...	3551
No. of houses supplied by standpipes in backyard					274
No. of houses supplied by taps in joint washhouses					20
No. of houses supplied by wells	...	...	...	...	29
Total	...	...	...	...	3874

